



SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicant : Lashinski et al.
App. No. : 10/066,302
Filed : January 30, 2002
For : MEDICAL SYSTEM AND METHOD FOR
REMODELING AN EXTRAVASCULAR
TISSUE STRUCTURE
Examiner : Unknown
Group Art Unit : 3738

#11

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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OCT 20 2003

TECHNOLOGY CENTER R3700

Dear Sir:

Enclosed is form PTO-1449 listing one reference that is also enclosed.

This Supplemental Information Disclosure Statement is being filed before the receipt of a first Office Action on the merits, and presumably no fee is required in accordance with 37 C.F.R. § 1.97(b)(3). If a first Office Action on the merits was mailed before the mailing date of this Statement, the Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 9 Oct 2003By: Jeremy P. Sanders

Jeremy P. Sanders
Registration No. 47,916
Attorney of Record
Customer No. 20,995
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3738



PATENT

Case Docket No. MITRAL.001CP2
Date: October 9, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Lashinski et al.
Appl. No. : 10/066,302
Filed : January 30, 2002
For : MEDICAL SYSTEM AND
METHOD FOR REMODELING
AN EXTRAVASCULAR
TISSUE STRUCTURE
Examiner : Unknown
Group Art Unit : 3738

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 9, 2003

(Date)

Jeremy H. Sanders, Reg. No. 47,916

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) A Supplemental Information Disclosure Statement.
- (X) A PTO Form 1449 with one (1) reference.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

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